

STUDENT INFORMATION FORM

STUDENT INFORMATION					
First Name		Last Name		Phone	
Email *Address					
Emergency Contact				Phone	
Have you been exercising regularly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If needed, has your physician approved taking a yoga class?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever done yoga before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What Style?		
Is there any health condition the instructor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

HEALTH INFORMATION – THIS WILL BE KEPT PRIVATE		
Have you ever been told that you have heart disease, metabolic syndrome, high blood pressure, risk for stroke, or had heart surgery or a pacemaker? (circle)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been told that you have osteoporosis or osteopenia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any joints replaced? Which L/R _____ Year? _____ IF Hip: Anterior/Lateral or Posterior? circle	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have Chronic Pain? Describe: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have Arthritis? Where? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you under treatment for Cancer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have COPD or a condition that affects your breathing abilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have MS, Parkinson’s, or any condition that limits your movement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you recovering from an injury, strain or sprain right now? Where ? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have diabetes? Type I _____ Type II _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you suffer from PTSD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

WAIVER OF LIABILITY?	
<p>I understand that yoga involves some physical exertion and stretching, and I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or discomfort that I might experience in the practice of yoga. I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment and will consult with my physician prior to practice as needed. I agree to notify the instructor of any changes in my health conditions. I hereby agree to irrevocably release and waive any claims that I have now or hereafter have against Lisa Davidson or any of her substitute teachers.</p> <p>Signature _____ Date _____</p>	<p>EMAIL* PERMISSION</p> <p>Please add my email address to your list for updates on new events class cancellations and other offerings from Lisa.</p> <p>Yes _____ No _____</p> <p><small>Student info 2020</small></p>